

Do not mail back.
Bring to Camp.

Amount Paid \$ _____

Amount Due \$ _____

YOUTH CONSENT FORM

Registration, Medical Release & Information

INDIAN SPRINGS HOLINESS CAMP MEETING (July 12-22, 2018)

This form must be completed by:

- All Campers who register to stay in the dormitories regardless of your age.
- All Campers who participate in supervised recreation regardless of your age.
- All Campers over 18 years of age and still on their parents' insurance - a parent must complete this form.

Name: _____ Age: _____ Sex: M F Date: _____

First Last

Address: _____ City: _____ State: _____ Zip: _____

Dormitory Registration (\$20 per Day). Indicate the days you plan to spend the night in the Dorm and/or eat a meal in the Cafeteria:

| Thurs | Fri | Sat | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-------|-----|-----|-----|-----|------|-----|-------|-----|-----|
| | | | | | | | | | |

Parental Consent:

I give permission for my child to attend Indian Springs Holiness Camp Meeting. I understand that if my child is covered by health insurance coverage, the information must be shown below.

Should the need arise, I give permission for my child to be taken to a doctor/hospital for medical treatment and authorize the Holder of this form to consent to treatment.

I hereby release and agree to indemnify Indian Springs Holiness Camp Meeting from any and all liability for injury arising out of my child's participation in this camp meeting.

I have read the above, understand it fully and sign it voluntarily. E-Mail: _____

Parent's Signature: _____ Date: _____

Please List All Phone Numbers:

(h) _____ (w) _____ (c) _____

Camper's Physician: _____ Office Phone: _____

Church Affiliation: _____ Pastor's Name _____

Church Phone #: _____ Church Address: _____

City/State/Zip: _____

List below any allergies to medication or other problems of which the adult in charge should be made aware:

List all medications presently being taken: _____

HEALTH INSURANCE: Company Name: _____ Policy # _____

Phone # to obtain Pre-certification #: _____ Phone # to verify Benefits: _____

CONTACT INFORMATION:

To contact Mat Luce: m.luce24@gmail.com Mat's Cell: (865) 607-1777

To contact Iris Luce: dewdrop1218@me.com